

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875).

SERIAL NO.

10/069906

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL INC.	1					
TOTAL DEP.	14					
TOTAL CLAIMS	15					